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Jan 22 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **M44547** (1)  
1. Corporation Name  
**VICTOR'S PURCHASING AGENTS IMPORT & EXPORT, INC.**



Principal Place of Business  
**8265 NW 83 STREET  
MEDLEY FL 33166**

Mailing Address  
**8265 NW 83 STREET  
MEDLEY FL 33166-2027**

3. Date Incorporated or Qualified  
**01/09/1987**

3a. Date of Last Report  
**04/10/1996**

4. FEI Number  
**59-2755590**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

9. Name and Address of Current Registered Agent  
**VALDIVIA, VICTOR  
13841 S.W. 30 STREET  
MIAMI FL**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| TITLE | NAME                | STREET ADDRESS       | CITY - ST - ZIP | DELETE                   |
|-------|---------------------|----------------------|-----------------|--------------------------|
| STD   | VALDIVIA, VICTOR    | 13841 S.W. 30 STREET | MIAMI FL        | <input type="checkbox"/> |
| VD    | VALDIVIA, ISABEL    | 13841 S.W. 30 STREET | MIAMI FL        | <input type="checkbox"/> |
| STD   | VALDIVIA, ELIZABETH | 13841 S.W. 30 STREET | MIAMI FL        | <input type="checkbox"/> |
|       |                     |                      |                 | <input type="checkbox"/> |
|       |                     |                      |                 | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | CHANGE                   | ADDITION                            |
|-------|------|----------------|-----------------|--------------------------|-------------------------------------|
| 1.1   | 1.2  | 1.3            | 1.4             | <input type="checkbox"/> | <input type="checkbox"/>            |
| 2.1   | 2.2  | 2.3            | 2.4             | <input type="checkbox"/> | <input type="checkbox"/>            |
| 3.1   | 3.2  | 3.3            | 3.4             | <input type="checkbox"/> | <input type="checkbox"/>            |
| 4.1   | 4.2  | 4.3            | 4.4             | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5.1   | 5.2  | 5.3            | 5.4             | <input type="checkbox"/> | <input type="checkbox"/>            |
| 6.1   | 6.2  | 6.3            | 6.4             | <input type="checkbox"/> | <input type="checkbox"/>            |

SD VICTOR F. VALDIVIA  
13841 S.W. 30th Street,  
Miami, Florida 33166

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/97 (305) 883-2026

CR2E034 (9/96)